

Book review

Barbara K. Schwartz, ed. (2011) **Handbook of Sex Offender Treatment**. Kingston, NJ: Civic Research Institute, \$249.50, 1,394 pp.

by Russ Immarigeon

“Sex offenders, like all humans, are complex dynamic creatures and their treatment should reflect that complexity.”

Barbara K. Schwartz

Now serving as director of the Maine Department of Corrections’ Sex Offender Treatment Program, Barbara K. Schwartz has labored over sex offender issues for four decades, starting in 1971 when she was asked, despite her lack of background on this topic, to write a report about sex offenders in New Mexico. At the time, she quickly learned, few others had expertise on this topic and over the course of intervening years she has become one of the country’s leading authorities on the subject. Before moving to Maine, Schwartz directed statewide sex offender treatment programs in Massachusetts, New Mexico, and Washington. For many years, she directed the clinical programs at the Justice Resource Institute in Boston. Later, she directed initiatives in Missouri and New Jersey when she presided over Public Safety Concepts, a private provider of sex offender treatment programs. Overall, she has directed sex offender treatment programs in 15 prisons.

In the late 1980s, Schwartz co-edited a groundbreaking National Institute of Corrections publication, *A Practitioner’s Guide to Treating the Incarcerated Male Sex Offender* (Schwartz, 1988). A few years later, she began a long tenure, now closing in on 20 years, of editing the bi-monthly newsletter, *Sexual Offender Report*. Starting in 1995, and continuing for 14 years, she has edited a series of six *Sex Offender* volumes of collected articles from the bi-monthly newsletter, *Sexual Offender Report*, which she began editing in 1991. The first two volumes were co-edited with Henry Cellini, and the next four she edited on her own (Schwartz, 1999, 2002, 2005, 2008; Schwartz & Cellini, 1995, 1997).

Forty years after she began her therapeutic work with sex offenders, she has capped a long writing and editing career, still not complete, with a comprehensive, insightful collection of articles that are essential reading for students, practitioners, therapists, and even policymakers working, or intending to work, with sex offenders. *Handbook on Sex Offender Treatment* contains 70 articles, written by an exemplary cast of international contributors, which are divided into six sections covering theory, assessment, adult offender treatment, juvenile and special population treatment, aftercare issues, and program administration and policy. The articles in this volume are, in Schwartz’ words, “the most important and useful contributions” that were originally published in the six-volume *Sex Offender* series. “Handbook chapters,” Schwartz adds, “were selected for their importance in advancing our understanding of the behavior and characteristics of sex offenders and for their practical effectiveness in assisting clinicians in

assessing, treating, and managing offenders.” Notably, however, these articles have all been reviewed, updated, revised, expanded, and, in some cases, completely rewritten.

Theory

Schwartz opens her collection with an overview of clinical theories of sex offenses, including a history of clinical attitudes toward sex offenders. She describes not only single-factor theories (e.g., evolutionary, psychoanalytic, Jungian, behavioral, social learning, anthropological, and even political theories, among others), but also integrative theories (concerning rape, child sexual abuse, sexual deviancy, sexual assault, etc.). She sees integration as useful, but it is necessary to improve our understanding of which intervention techniques, such as group therapy or cognitive retraining, are better for which offenders in order to maximize the use of essentially scant resources. Sex offender characteristics and typologies, she adds in another article in this section, can become meaningless, or do more harm than good. Such information must be integrated into treatment or, as Schwartz puts it, “therapists must strive to classify offenders into meaningful subgroups and devise appropriate interventions.”

With 18 articles in all, this section covers a broad range of affiliated theoretical issues: the assessment and treatment of sex offenders’ empathy deficits; attachment style and intimacy deficits; social reconciliation as a foundation for community-based sex offender responses; the integrative of sex offender character pathology and relapse prevention; mood, conflict, and deviant sexual fantasies; the relationship of empathy, cognitive distortions, and self-esteem; the influences of shame and guilt on sexual offending; a self-regulation model of relapse prevention; and trauma, attachment, and neurodevelopment.

In one particularly fine article in this section, R. Karl Hanson addresses the “empathy deficits” of sex offenders. Sex offender, he reports, often have little or no empathy for their victims. Moreover, policymakers, and probably practitioners too, often rely on morally- and socially-justified punitiveness toward sex offenders. But all things are more complex. Regarding empathy for example, Hanson notes three preconditions for “sympathetic responses,” namely a caring or benign relationship, the ability to accurately assess situations, and an ability “to cope constructively with the perceived distress of others.” He adds, “Accurately understanding victim suffering will not lead to sympathy if offenders feel their victims deserve to suffer. Consequently, treatment for one area need not lead to overall improvement in sexual offenders’ victim empathy. Each area should be separately assessed, and distinct interventions for each area may be necessary.”

Assessment

Five articles in this section describe and identify critical aspects of the clinical assessment of sex offenders, the assessment of cognitive distortions in sex offenders, cognitive distortions in sex offenders with intellectual deficits, sex offender assessment – sexual adjustment inventory; and the current state of adolescent risk assessment. In the first of these Rachel A. Freund and Michael J. Dougher describe the process of assessing sex offenders based on three assumptions relative to effective treatment planning and implementation: sex offenders are a heterogeneous group not characterized through single motivational or etiological factors; current intervention techniques

allow for effective treatment in some, but not all, cases; and proper treatment requires “comprehensive and individually tailored” programs that account for offenders acts, motivations, and psychological characteristics.

In other articles, Anita Schlank examines various cognitive distortion assessment measures, such as the Abel and Becker Cognitions Scale, the Multiphasic Sex Inventory, Emphat, and the Denial and Minimization Inventory. She also covers research studies on their effectiveness. David M. Kalal and his colleagues continue the examination of cognitive distortion, with particular attention to the differences (and overgeneralizations) in the use of cognitive distortions by those with intellectual deficits and those who are nonimpaired. Herman Lindeman provides an extensive overview of the Sexual Adjustment Inventory (SAI), including its history, a discussion of its various scales (including non-sex-related scales), and an empirical study of 4,854 sex offenders who were given SAI through court, probation treatment supervision, and community service intake procedures. Select findings include: multiple offenders scored higher than first-time offenders; sex-related arrests and convictions correlated with sex-related scales; and male sex offenders scored higher than female counterparts.

David Prescott also reviews the state of adolescent risk assessment. He finds “an evolving agreement on the literature that the majority of youth we access do not have deeply entrenched patterns of sexual deviance, and that their sexual arousal patterns, personalities, and proclivity to engage on delinquent behaviors are all subject to change without notice.” Prescott notes that the factors that may drive a young person to sexually offend are not necessarily those that drive him or her to reoffend.

“When considering the likelihood of a young person to engage in harmful behavior,” Prescott observes, “the practitioner should have a thorough knowledge of recidivism base rates for sexual, violent, and general crimes. From there, assessors should establish the precise nature of the referral question in order to provide the most accurate assessment and helpful recommendations. Clear language describing the inherent problems of risk assessment is of fundamental importance, but need not dominate the report. Practitioners should guard against interesting but unproven or illusory factors (e.g., firesetting as predictive of sexual reoffense) and consider how each risk variable reflects or contributes to an overall reoffense process. Although not well understood, practitioners would do well to consider prior treatment experience and pay special attention both to the style of the provider and to successful versus unsuccessful completion.”

Adult Offenders

In this section of the book, 18 articles concerning the treatment of adult offenders cover group therapy, behavioral techniques, community management, and treatment interventions such as drama therapy, family therapy, emotional restitution, animal-facilitated sex offender treatment, residential treatment, and the use of domestic violence approaches for sex offenders. In one article, David Delmonico and Elizabeth Griffen describe what is known (not a lot) about online sex offenders, including a review of the literature, models for conceptualizing this group, basic venues for online sexual behavior, what attracts such offenders to online behavior, the power of the Internet for sex offenders, and models for understanding Internet sex users. At the center of

this article is the Cynersex User Categories model, which was developed approximately a decade ago to capture relevant assessment, management, and treatment issues.

In a valuable article, Ruth Lewis examines outpatient treatment considerations for mentally ill clients who manifest problem sexual interests, behavior, or offending. Sex offenders are a heterogeneous group, and some members of this group are mentally ill (psychotic, schizophrenic, etc.). Some mentally ill sex offenders are paraphilic independent their mental illness, and for others sexual offending occurs as a result of mental illness. Thus, treatment needs should be grouped around particular characteristics and needs “even though there can be some overlap between psychotic and nonpsychotic sex offenders regarding the psychology of offending and their treatment needs.”

In another article, David Fago reports on comorbid psychopathology and reoffense risk across the lifespan of sexual offenders. In brief, Fago argues that comorbid psychopathology is “a significant and prevalent problem for most clinical populations, including sexual offenders.” Certain varieties of comorbid psychopathology, he adds, are probably linked with a greater risk of reoffense by sex offenders.

Fago recommends that “state and federal legal systems need to be better able to differentiate between offenders who pose high and low risk for repeat offending, and reserve increasingly expensive and scarce institutional resources for the approximately five percent of offenders who pose the greatest risk.” Fago feels this is currently feasible. He adds, however, that “it is essential that evaluations of sexual offenders include clinical screenings for a broad range of psychopathology, particularly the spectrum of disorders that display deficits in personality and mood-, impulse-, and self-regulation, Broad-based multimodal assessment is essential to ensure that an offender’s treatment requirements and capacity to benefit from various interventions is adequately evaluated.” In all, he suggests benefits in the use of individual and group psychotherapy, family interventions, cognitive and emotional training, and psychopharmacology.

Juvenile, Female, Geriatric, Adolescent, Native American, and Other Populations

In this section, 19 articles cover characteristics of adolescent, female, elderly, Hispanic, and American Indian sex offenders, along with such modalities as community-based programs, therapeutic community learning, family therapy, differential and residential treatment, and emotional restitution. Adolescent sex offenders are given primary treatment in these articles, but child offenders are also examined.

Emotional restitution training involves helping offenders to assess and understand the affect of their abuse on their victims. This training raises prospects for public or private apology, victim empathy, and social responsibility. Various levels of social responsibility are explored through the use of news articles, written letters, videotape, and “survivor impact groups.” These levels include the development of an understanding of the impact of offender behavior on survivors and offenders’ social responsibility to make emotional restitution. Unfortunately, few evaluations of this approach are available.

Other articles focus on mindfulness-styled approaches, co-morbid psychopathology, the etiology and treatment of sexually abused children, emphatic responses, boundary-setting options, and differential treatment and supervision. About elderly sex offenders, one article reports, “Elderly sex offenders present the sex offender treatment provider with unique challenges, problems, and resources. A multitude of medical problems, poor education, minimal financial resources, and limited social support combine to produce a patient who requires multifaceted coordinated care while having limited resources of his own to draw on. Medical problems (and their solutions) can further complicate already complex sexuality. Some 50 or 60 years of offending behavior and its accompanying cognitive distortions and deviant fantasies present an inordinate challenge for those engaging in sexual arousal reconditioning. The physical, and sometimes emotional, fragility of elderly offenders requires therapists to alter treatment practices to better suit the pace and abilities of these clients.”

Aftercare

Four articles cover important aftercare-related topics: educating the non-offending parents of sex offenders; integrating a containment approach through intensive parole supervision; transitional support in the state of Washington’s sex offender treatment program; and the use of Circles of Support and Accountability to involve community members in sex offender management.

Parole supervision of sex offenders is given less light these days because of a broader emphasis on confining offenders. An alternative approach involves containing offenders, not only through probation or parole officer supervision, but also with such mechanisms or devices as home plans, unannounced visits, and polygraphs. As reported in one article, this can be intrusive to nonoffending family members, who are themselves valuable to any reentry effort. However, the article suggests, “to properly supervise a paroled sex offender there will be some infringement upon the sponsor’s personal privacy. It is important that sponsors understand the reasons for unannounced visits, observing common areas around the house, or asking some very direct questions. It is enough to make a lot of people uncomfortable, but by going through all the preconditions, explaining the parole process, and assuring the sponsors that it is in everyone’s interest that the parole be successful, sponsors become more cooperative.”

Beyond containment-oriented approaches such as public notification, electronic tracking, and intensive supervision, there are forms of restorative justice, a nonadversarial approach wherein community members actively support not only victims but also offenders. Circles of Support and Accountability (COSA), a Canadian initiative, is one such option. At the center of COSA is a traditional psychological principle, namely, the value of support from family, friends, and prosocial/ nonoffending persons. In another article in this section, results of two evaluations of COSAs are shared - one provincial, the other national. Both studies show a two-tiered reduction in sex offending – fewer assaults and less intensity in the assaults that did occur. Other benefits include improved public education and engagement.

Program Administration and Policy

In the final section of this volume, six articles on program administration- and policy-related matters delve into the relationship between forcible confinement and sexual assaults against staff

members; the relationship between probation officers and therapists; the use of polygraphs for sex offenders under community supervision; tracking participation and behavior change in a residential sex offender treatment program; characteristics of effective sex offender therapists; and touch-related issues for therapists.

In one article, Yolanda Fernandez and Geris Serran examine some characteristics of effective sex therapists, including their style of therapy; their warmth, empathy, and genuineness; their support, encouragement, and directiveness; flexibility and disclosure; and client-therapist interactions. Fernandez and Serran also examine confrontational, unchallenging, and motivational approaches to sex offender treatment. They conclude that therapists do not need to be perfect. "Therapists working with sexual offenders can increase their effectiveness by modeling prosocial behavior, behaving in a genuine manner, reinforcing clients for appropriate behavior, and demonstrating flexibility. In fact, it is critical, given the diversity of presenting issues and behaviors, that therapists display flexibility. Avoiding excessive structure allows for the therapist to concentrate to a greater degree on process issues." Moreover, "therapists who display characteristics of such as warmth and empathy also gain the cooperation from and commitment of clients and facilitate the development of a cohesive group environment."

In another article, psychologist Rebecca Palmer and probation officer Terry Childers examine the relationship between probation officers and therapists. Such a working relationship clarifies each profession's roles and responsibilities; inadequacies in this relationship are potentially harmful not only to one or the other, but also to families, communities, neighborhoods, and, indeed, offenders. Palmer and Childers stress "pretreatment planning," which also enhances the probation officer-therapist relationship. Probation officers, in particular, go through three "stages of treatment," including creating a safe therapeutic context for change, improving offenders understanding of offending and its consequences for themselves, their families, their communities, and others, and working directly with offenders and their "significant others"

Conclusion

In 1985, Schwartz reports that the National Academy of Corrections started training corrections professionals working with male sex offenders: "Teams of three to five administrators, therapists, probation and parole officers, judges, and other stakeholders were taught a model which stressed the cooperation of the various disciplines involved in the treatment and supervision of sex offenders, both in prisons and in the community. The therapeutic model was cognitive-behavioral, utilizing group and psychoeducational approaches. The basic goals were to help offenders take responsibility for their behavior, develop empathy, learn social skills, address deviant arousal, identify their offense cycles, reduce cognitive distortions, manage emotions, and learn to form meaningful adult relations." (Schwartz, 2011. p. xvii)

More recently, Schwartz notes that many changes have occurred in the treatment of sex offenders: among other things, basic theoretical approaches have changed; different adult treatment strategies have emerged; sex offender treatment often mirrors substance abuse treatment; and developmental traumatology has improved our understanding of sex offender motivations. But the current context for treating sex offenders is uncertain. Schwartz reports that the federal Office of Justice Program's Office of Sex Offender Sentencing, Monitoring,

Apprehending, Registration, and Tracking (SMART) now emphasizes a “comprehensive model” of treating sex offenders (as opposed to the “containment model” that was being promoted in the 1990s).

According to Schwartz, “This training reflects the basic conflict going on in the field at this time. In addressing the prerequisites for successful sex offender management, the trainers talk at length about the need to successfully reintegrate sex offenders into the community by helping them to acquire basic needs of housing, employment, and social acceptance. At the same time, the trainers are attempting to encourage states to sign on to the AWA (Adam Walsh Child Protection and Safety Act), which admittedly will interfere with a sex offender achieving these basic human needs while providing little safety for the community and possibly have the exact opposite impact. The quandary being experienced by the SMART Office is a microcosm reflecting the conflict between principles of effective treatment and management backed by research versus public policy driven by sensational journalism and ambitious politicians. The consequences of turning all sex offenders into society’s pariahs can only decrease public safety.”

Author’s note: Russ Immarrigeon, MSW, is the Editor of *Corrections & Mental Health*.

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